

PR001  
02-Sep-11

# Preliminary Report of Accident

U.S. Department of Labor  
Mine Safety and Health Administration



|   |  |   |  |   |                  |  |                        |  |                          |                 |                          |  |
|---|--|---|--|---|------------------|--|------------------------|--|--------------------------|-----------------|--------------------------|--|
| 1. Accident Type:<br>Fatal Injury                       |  | 2. Accident Classification<br>Machinery         |  | 3. Date/Time of Accident<br>09/01/2011 10:36 AM |                  | 4. Date/Time of Death<br>09/01/2011 10:36 AM |                        | 5. Fatal Case No<br>15                   |                          |                 |                          |  |
| 6. Mine Information :                                   |  |   |  |   |                  |  |                        |  |                          |                 |                          |  |
| a) Mining Company Name<br>Powder River Coal, LLC        |  |   | b) Mine Name<br>North Antelope Rochelle Mine |   |                  | c) Parent of Mining Company<br>PEABODY       |                        |  |                          |                 |                          |  |
| 7. Mine Location :                                      |  | a) City<br>GILLETTE                             |  | b) County<br>Campbell                           |                  | c) State<br>WY                               |                        | 8. Mine ID Number:<br>48-01353           |                          | 9. Union:<br>NO |                          |  |
| 10. Primary Mineral Mined:<br>Bituminous (Surface)      |  |   | 11. Number of Mine Employees:                |   | a) Total<br>1315 |  | b) Underground<br>1293 |  | c) Open Pit/Quarry<br>12 |                 | d) Mill/Prep Plant<br>10 |  |
| 12. Contractor Name:<br>Weston Engineering Inc.         |  |   |  |   |                  | 13. Union<br>NO                              |                        | 14. Contractor ID Number:<br>WT9         |                          |                 |                          |  |
| 15. Contractor Address:                                 |  | a) City<br>P.O. Box 260 Upton                   |  | b) County<br>Weston                             |                  | c) State<br>WY                               |                        | d) Zip Code<br>82730                     |                          |                 |                          |  |
| 16. Number of Contractor Employees:                     |  | a) Total<br>42                                  |  | b) Underground<br>42                            |                  | c) Open Pit/Quarry                           |                        | d) Mill/Prep Plant                       |                          | e) Other        |                          |  |
| 17. Number of Persons in Mine at Time of Accident:      |  |   |  |   |                  | 18. Number of Persons Unaccounted For:       |                        |  |                          |                 |                          |  |
| a) Mine Employees:<br>362                               |  | b) Contractor Employees:<br>42                  |  | a) Mine Employees:<br>0                         |                  | b) Contractor Employees:<br>0                |                        |  |                          |                 |                          |  |
| 19) Location of Accident                                |  |   |  |   |                  |  |                        | 20. Mining Height:                       |                          |                 |                          |  |
| 01-Underground  |  | <input checked="" type="checkbox"/> 03-Open Pit |  | <input type="checkbox"/> 07-Advance Mining      |                  | <input type="checkbox"/> 30-Mill/Prep Plant  |                        | <input type="checkbox"/> Other (specify) |                          | Feet Inches     |                          |  |
| 02-Surface at Underground                               |  | <input type="checkbox"/> 06-Dredge Mining       |  | <input type="checkbox"/> 08-Retreat Mining      |                  | <input type="checkbox"/> 99-Office Facility  |                        |  |                          | 70              |                          |  |
| 21. Nonfatal Injuries:                                  |  | 22. Fatal Injuries:<br>1                        |  |   |                  |  |                        |  |                          |                 |                          |  |
| 23. Victim Information :                                |  |   |  |   |                  |  |                        |  |                          |                 |                          |  |
| a) Name   |  |   |  |   | b) Age           |  |                        |  |                          |                 |                          |  |
| c) Regular Job Title:<br>Driller                        |  |   |  |   |                  |  |                        |  |                          |                 |                          |  |
| d) Activity at Time of Accident:<br>Driller             |  |   |  |   |                  |  |                        |  |                          |                 |                          |  |
| <input checked="" type="checkbox"/> Contractor Employee |  |   |  |   |                  |  |                        |  |                          |                 |                          |  |
| 24. Experience :  |  | Years Weeks Days                                |  | Years Weeks Days                                |                  | Years Weeks Days                             |                        | Years Weeks Days                         |                          |                 |                          |  |
| a) Total:   |  | 1 12 0  |  | b) at the mine:                                 |                  | 36 0   |                        | c) at activity (23d)                     |                          | 36 0            |                          |  |
|   |  |   |  |   |                  |  |                        | d) with Contractor                       |                          | 36 0            |                          |  |
| 25. Autopsy Performed:<br>If Yes, Location              |  |   |  |   |                  | 26. Mine Telephone No.:<br>(307) 464-4891    |                        |  |                          |                 |                          |  |

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):

On Thursday, September 1, 2011, at approximately 10:36 a.m. A contract Driller was fatally injured while working on the drill deck. The contractor was drilling a water well for future mining purposes. The victim was attempting to separate a pipe connection when he was struck by a tong when stored energy released. MSHA is investigating this accident.

The information provided in this notice is based on preliminary data ONLY and does not represent final determinations regarding the nature of the incident or conclusions regarding the cause of the accident.

|  |  |   |                            |                              |  |
|--|--|---|----------------------------|------------------------------|--|
| 28. Equipment Manufacturer:<br>George E. Failing |  |   | 29. Model:<br>Strat 100 HB |                              |  |
| 30. District:<br>C0900 Denver                    |  | 32. Field Office:<br>Gillette, WY                         |                            | 33. Event Number:<br>4268008 |  |
| 34. Accident Investigator:<br>David Hamilton     |  | 35. MSHA Person Notified:<br>Dan Vetter                   |                            | Date<br>09/01/2011           |  |
|  |  |   |                            | Time<br>11:14 AM             |  |
| 36. Type of Report:<br>Initial                   |  | 37. Name of Preparer and Date Prepared:<br>David Hamilton |                            | Date<br>09/01/2011           |  |
| 38. Reason For Amendment:                        |  |   |                            |                              |  |